

Fill in this information to identify your case:

Debtor 1	Tony Phillip Smith		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-00252		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 385,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 31,724.83
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 416,724.83

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 354,462.75
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 8,564.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 9,067.42
Your total liabilities		\$ 372,094.17

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,237.33
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,064.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **2,237.33**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 8,564.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 8,564.00

Fill in this information to identify your case and this filing:

Debtor 1 **Tony Phillip Smith**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **18-00252**

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

630 SMITH POND ROAD

Street address, if available, or other description

Lexington SC 29072-0000
City State ZIP Code

Lexington
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE-630 SMITH POND ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (4) BEDROOM HOUSE, TMS# (006300-01-033), TAX APPRAISAL VALUE (\$218,380), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$230,000)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$230,000.00	\$230,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****If you own or have more than one, list here:**

1.2

222 OLD CHURCH ROAD

Street address, if available, or other description

Lexington SC 29072-0000

City State ZIP Code

Lexington

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-LAND ONLY-222 OLD CHURCH ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (1) ACRES LOT OF LAND, TMS# (006300-01-036), TAX APPRAISAL VALUE (\$13,800), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$15,000)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$15,000.00

Current value of the portion you own?

\$15,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple☐ Check if this is community property (see instructions)**If you own or have more than one, list here:**

1.3

630 SMITH POND ROAD

Street address, if available, or other description

Lexington SC 29072-0000

City State ZIP Code

Lexington

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-LAND ONLY-630 SMITH POND ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (5) ACRES OF LAND, TMS# (006300-01-035), TAX APPRAISAL VALUE (\$47,500), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$50,000)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$50,000.00

Current value of the portion you own?

\$50,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple☐ Check if this is community property (see instructions)

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****If you own or have more than one, list here:**

1.4

117 OLD CHURCH ROAD

Street address, if available, or other description

Lexington SC 29072-0000

City State ZIP Code

Lexington

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-LAND ONLY-117 OLD CHURCH ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (2.43) ACRES LOT OF LAND, TMS# (006300-01-036), TAX APPRAISAL VALUE (\$26,700), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$30,000)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$30,000.00

Current value of the portion you own?

\$30,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple☐ Check if this is community property (see instructions)**If you own or have more than one, list here:**

1.5

OLD CHURCH ROAD

Street address, if available, or other description

Lexington SC 29072-0000

City State ZIP Code

Lexington

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☒ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-LAND ONLY-OLD CHURCH ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (8.5) ACRES LOT OF LAND, TMS# (006300-01-046), TAX APPRAISAL VALUE (\$59,500), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$60,000)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$60,000.00

Current value of the portion you own?

\$60,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$385,000.00**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**☐ No☒ Yes

3.1 Make: **NEW HOLLAND**
 Model: **TC40D TRACTOR**
 Year: **2003**
 Approximate mileage: **800 HOURS**
 Other information:
2003 NEW HOLLAND TC40D TRACTOR

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$15,000.00****\$15,000.00**

3.2 Make: **ZERO MOTORCYCLES INC**
 Model: **FX ZX2.8 MOTORCYCLE**
 Year: **2014**
 Approximate mileage: **785**
 Other information:
2014 ZERO MOTORCYCLES, INC FX ZX5.7 MOTORCYCLE: VIN# (538XX4Z12ECC03887), NADA VALUE N/A, DEBTOR ESTIMATES VALUE AT (\$5,000)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$5,000.00****\$5,000.00**

3.3 Make: **EVS**
 Model: **EFORCE ATV**
 Year: **2010**
 Approximate mileage: **883**
 Other information:
2010 EVS EFORCE ATV: ELECTRIC ATV COMPARIBLE TO 500CC ENGINE, NO NADA LISTING SINCE MADE BY PRIVATE COMPANY, DEBTOR ESTIMATES VALUE AT (\$2,000)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$2,000.00****\$2,000.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>****\$22,000.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.....

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

**HOUSEHOLD GOODS: COUCH, LOVESEAT, OTTOMAN,
BOOKSHELF, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE,
REFRIGERATOR, STOVE, WASHER, DRYER, MOWER,
WEEDEATER, PATIO FURNITURE, GRILL**

\$2,000.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....

HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER, PHONE

\$500.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.....

BOOKS

\$25.00**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe.....

FIREARMS: MARLIN 22 RIFLE

\$50.00**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

CLOTHING

\$450.00**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

JEWELRY

\$500.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,525.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes.....**CASH ON HAND****\$45.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes.....

Institution name:

17.1. **Checking****USAA: CHECKING ACCOUNT# (6948)****\$223.52**17.2. **Checking****BB&T: CHECKING ACCOUNT# (4680)****\$2,000.00**17.3. **Savings****BB&T: SAVINGS ACCOUNT# (7903)****\$3.95**17.4. **Checking****BB&T: CHECKING ACCOUNT# (6102)****\$163.36**17.5. **Checking****WELLS FARGO: CHECKING ACCOUNT# (5305)****\$200.00**17.6. **Savings****WELLS FARGO: SAVINGS ACCOUNT# (8566)****\$200.00****18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **Tony Phillip Smith**

Case number (if known) **18-00252**

PATHFINDER ATV, LLC: BUSINESS IS A LIMITED LIABILITY COMPANY OPERATING AS AN ELECTRIC ATV BUSINESS. BUSINESS WAS STARTED IN JUNE 2012 AND STILL OPEN BUT NOT IN OPERATION. BUSINESS IS LISTED WITH VIRGINIA SECRETARY OF STATES OFFICE. DEBTOR HAS A BUSINESS AGREEMENT WITH GEORGE DAVID NAUGHTON, WHO IS THE REGISTERED AGENT FOR THIS BUSINESS. PRESENT VALUE OF BUSINESS UNKNOWN

50 %

Unknown

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
☐ Yes. List each account separately.
 Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$2,835.83****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.....

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☒ No☐ Yes. Describe.....**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☐ No☒ Yes. Describe.....

**TOOLS OF THE TRADE: COMPUTER, PRINTER, IPAD, FILE
CABINET, DESK, CHAIR, ROUTER, SAWS, NAIL GUN, DRILL,
TOOLS, SPRAYER, PRESSURE WASHER**

\$3,364.00**41. Inventory**☒ No☐ Yes. Describe.....**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No.☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.....**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$3,364.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00**

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$385,000.00
56. Part 2: Total vehicles, line 5	\$22,000.00	
57. Part 3: Total personal and household items, line 15	\$3,525.00	
58. Part 4: Total financial assets, line 36	\$2,835.83	
59. Part 5: Total business-related property, line 45	\$3,364.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$31,724.83	Copy personal property total \$31,724.83
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$416,724.83

COUNTY OF LEXINGTON
SOUTH CAROLINA

Document Page 13 of 60

ONLINE SERVICES

SITE MAP

CONTACT US

Data last updated: 01/11/2018

*6/1/18*TMS#:006300-01-033 [Show Map](#)

TAX YEAR:2018

OWNER:SMITH, TONY

ADDRESS:630 SMITH POND RD

LEXINGTON, SC 29072

PROPERTY ADDRESS:630 SMITH POND ROAD

LEGAL DESCRIPTION:W/S SMITH POND RD E/S OLD CHURCH RD

DEED BOOK & PAGE:5480-9

PLAT:288-551

LAND USE:1001:RESIDENTIAL - IMPROVED

TAX DISTRICT:1

ASSESSMENT INFORMATION

LOTS:

ACRES:1

TAXABLE LAND:11000

TAXABLE BUILDING:207380

ASSESSMENT LAND:440

ASSESSMENT BUILDING:8300

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:8740

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:2311

UNFINISHED AREA:

YEAR BUILT:2002

NUMBER OF BEDROOMS:3

NUMBER OF FULL BATHS:2

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT: HT AND AIR-CENTRAL HEAT
AND AIRSALES INFORMATIONSALE DATE

10/07/1999

SELLER

SMITH BONNIE D

BUYER

SMITH TONY

PRICE

5

BOOK/PAGE

5480-9

COUNTY OF LEXINGTON
SOUTH CAROLINA

SITE MAP

CONTACT US

Data last updated: 01/11/2018

TMS#:006300-01-036 [Show Map](#)

TAX YEAR:2018

OWNER:SMITH, TONY P

ADDRESS:630 SMITH POND RD
LEXINGTON, SC 29072

PROPERTY ADDRESS:222 OLD CHURCH ROAD

LEGAL DESCRIPTION:NONE

DEED BOOK & PAGE:8655-313

PLAT:8655-312

LAND USE:1001:RESIDENTIAL - IMPROVED

TAX DISTRICT:1

ASSESSMENT INFORMATION

LOTS:

ACRES:1

TAXABLE LAND:11000

TAXABLE BUILDING:2800

ASSESSMENT LAND:660

ASSESSMENT BUILDING:170

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:0

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:

UNFINISHED AREA:

YEAR BUILT:

NUMBER OF BEDROOMS:

NUMBER OF FULL BATHS:

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT:

SALES INFORMATION**SALE DATE**

09/12/2003

SELLER

SMITH, BONNIE D

BUYER

SMITH, TONY P

PRICE

0

BOOK/PAGE

8655-313

COUNTY OF LEXINGTON
SOUTH CAROLINA

Document Page 15 of 60

ONLINE SERVICES

SITE MAP

CONTACT US

Data last updated: 01/11/2018

TMS#: 006300-01-035 [Show Map](#)

TAX YEAR: 2018

OWNER: SMITH, TONY P

ADDRESS: 630 SMITH POND RD
LEXINGTON, SC 29072

PROPERTY ADDRESS: SMITH POND ROAD

LEGAL DESCRIPTION:

DEED BOOK & PAGE: 8655-313

PLAT: 8655-311

LAND USE: 0002: RURAL - UNIMPROVED

TAX DISTRICT: 1

ASSESSMENT INFORMATION

LOTS:

ACRES: 5

TAXABLE LAND: 47500

TAXABLE BUILDING: 0

ASSESSMENT LAND: 2090

ASSESSMENT BUILDING: 0

HOMESTEAD EXEMPT ASSESSMENT: 0

TAX RELIEF EXEMPT ASSESSMENT: 1520

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:

UNFINISHED AREA:

YEAR BUILT:

NUMBER OF BEDROOMS:

NUMBER OF FULL BATHS:

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT:

SALES INFORMATIONSALE DATE
09/12/2003SELLER
SMITH, BONNIE DBUYER
SMITH, TONY PPRICE
5BOOK/PAGE
8655-313

Data last updated: 01/11/2018

TMS#:006300-01-051 Show Map

TAX YEAR:2018

OWNER:SMITH, TONY PHILLIP

ADDRESS:630 SMITH POND RD

LEXINGTON, SC 29072

PROPERTY ADDRESS:117 OLD CHURCH ROAD

LEGAL DESCRIPTION:HAZEL SMITH S/D LOT 12

DEED BOOK & PAGE:14171-138

PLAT:14104-189

LAND USE:0001:RESIDENTIAL - UNIMPROVED

TAX DISTRICT:1

ASSESSMENT INFORMATION

LOTS:

ACRES:2.43

TAXABLE LAND:26700

TAXABLE BUILDING:0

ASSESSMENT LAND:10

ASSESSMENT BUILDING:0

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:0

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:

UNFINISHED AREA:

YEAR BUILT:

NUMBER OF BEDROOMS:

NUMBER OF FULL BATHS:

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT:

SALES INFORMATIONSALE DATE

03/31/2010

SELLER

SMITH, HAZEL K

BUYER

SMITH, TONY PHILLIP

PRICE

5

BOOK/PAGE

14171-138

Data last updated: 01/11/2018

TMS#:006300-01-046 [Show Map](#)

TAX YEAR:2018

OWNER:SMITH, TONY PHILLIP

ADDRESS:630 SMITH POND RD

LEXINGTON, SC 29072

PROPERTY ADDRESS:OLD CHURCH ROAD

LEGAL DESCRIPTION:HAZEL SMITH S/D LOT 7

DEED BOOK & PAGE:14171-138

PLAT:14104-189

LAND USE:0002:RURAL - UNIMPROVED

TAX DISTRICT:1

ASSESSMENT INFORMATION

LOTS:

ACRES:8.5

TAXABLE LAND:59500

TAXABLE BUILDING:0

ASSESSMENT LAND:50

ASSESSMENT BUILDING:0

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:0

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:

UNFINISHED AREA:

YEAR BUILT:

NUMBER OF BEDROOMS:

NUMBER OF FULL BATHS:

NUMBER OF HALF BATHS:

HEATING SYSTEM:

HEAT:

SALE DATE

03/31/2010

SELLER

SMITH, HAZEL K

SALES INFORMATIONBUYER

SMITH, TONY PHILLIP

PRICE

5

BOOK/PAGE

14171-138

Fill in this information to identify your case:

Debtor 1	Tony Phillip Smith		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-00252		

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
DEBTORS RESIDENCE-630 SMITH POND ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (4) BEDROOM HOUSE, TMS# (006300-01-033), TAX APPRAISAL VALUE (\$218,380), SEE ATTACHED TAX APPRAISAL	\$230,000.00	<input checked="" type="checkbox"/> \$53,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTOR ESTIMATES VALUE AT (\$230,000) Line from <i>Schedule A/B</i> : 1.1			
DEBTORS PROPERTY-LAND ONLY-630 SMITH POND ROAD, LEXINGTON SC 29072, LEXINGTON COUNTY, (5) ACRES OF LAND, TMS# (006300-01-035), TAX APPRAISAL VALUE (\$47,500), SEE ATTACHED TAX APPRAISAL	\$50,000.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7)
DEBTOR ESTIMATES VALUE AT (\$50,000) Line from <i>Schedule A/B</i> : 1.3			

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
HOUSEHOLD GOODS: COUCH, LOVESEAT, OTTOMAN, BOOKSHELF, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, PATIO FURNITURE, GRILL Line from Schedule A/B: 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTER, PHONE Line from Schedule A/B: 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
FIREARMS: MARLIN 22 RIFLE Line from Schedule A/B: 10.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)
CLOTHING Line from Schedule A/B: 11.1	\$450.00	<input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
TOOLS OF THE TRADE: COMPUTER, PRINTER, IPAD, FILE CABINET, DESK, CHAIR, ROUTER, SAWS, NAIL GUN, DRILL, TOOLS, SPRAYER, PRESSURE WASHER Line from Schedule A/B: 40.1	\$3,364.00	<input checked="" type="checkbox"/> \$1,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(6)

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1 **Tony Phillip Smith**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-00252**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$25,500.00	\$50,000.00	\$0.00

2.1 **BB&T**
Creditor's Name

PO BOX 1847
Wilson, NC 27894
Number, Street, City, State & Zip Code

Describe the property that secures the claim:

DEBTORS PROPERTY-LAND ONLY-630 SMITH POND ROAD: TO BE PAID IN PLAN

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Mortgage**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **11/07**

Last 4 digits of account number **9006**

2.2 **BB&T**
Creditor's Name

PO BOX 1847
Wilson, NC 27894
Number, Street, City, State & Zip Code

Describe the property that secures the claim:

ALL REAL PROPERTY: TO BE PAID IN PLAN

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **1/13**

Last 4 digits of account number **7001**

Debtor 1 **Tony Phillip Smith** Case number (if know) **18-00252**
First Name Middle Name Last Name

2.3 BB&T Creditor's Name PO BOX 1847 Wilson, NC 27894 Number, Street, City, State & Zip Code	Describe the property that secures the claim: ALL REAL PROPERTY: TO BE PAID IN PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$4,977.54 \$385,000.00 \$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u>1/14</u> Last 4 digits of account number <u>3401</u>		

2.4 SETERUS Creditor's Name 14523 S.W. MILLIKAN WAY, STE 200 Beaverton, OR 97005 Number, Street, City, State & Zip Code	Describe the property that secures the claim: DEBTORS RESIDENCE-630 SMITH POND ROAD, LEXINGTON SC 29072: ARREARAGE TO BE ADDRESSED THROUGH LOAN MODIFICATION As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mortgage	\$320,000.00 \$230,000.00 \$90,000.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <u>12/06</u> Last 4 digits of account number <u>0798</u>		

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$354,462.75
\$354,462.75

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name, Number, Street, City, State & Zip Code LEXINGTON COUNTY CLERK OF COURT 205 EAST MAIN STREET ATTN: BETH CARRIGG Lexington, SC 29072	On which line in Part 1 did you enter the creditor? <u>2.4</u> Last 4 digits of account number _____
---	---

Debtor 1 **Tony Phillip Smith**

First Name

Middle Name

Last Name

Case number (if know)

18-00252

☐

Name, Number, Street, City, State & Zip Code

**LEXINGTON COUNTY CLERK OF COURT
205 EAST MAIN STREET
ATTN: BETH CARRIGG
Lexington, SC 29072**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**LEXINGTON COUNTY CLERK OF COURT
205 EAST MAIN STREET
ATTN: BETH CARRIGG
Lexington, SC 29072**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**LEXINGTON COUNTY MASTER IN EQUITY
139 MAIN STREET
Lexington, SC 29072**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**SCOTT AND CORLEY, PA
2712 MIDDLEBURG DRIVE
SUITE 200
Columbia, SC 29204**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**SMITH DEBNAM
PO BOX 26268
Raleigh, NC 27611-6268**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number ____

☐

Name, Number, Street, City, State & Zip Code

**SMITH DEBNAM
PO BOX 26268
Raleigh, NC 27611-6268**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Tony Phillip Smith		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-00252		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9928 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Federal Taxes	\$5,967.00	\$5,967.00	\$0.00

Debtor 1 **Tony Phillip Smith**

Case number (if know)

18-00252

2.2

**LEXINGTON COUNTY
TREASURER**

Priority Creditor's Name

212 S. LAKE DRIVE**Lexington, SC 29072**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9928** **\$2,230.00** **\$2,230.00** **\$0.00**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify _____

Property Taxes

2.3

SC DEPT OF REVENUE

Priority Creditor's Name

PO BOX 12265**Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9928** **\$367.00** **\$367.00** **\$0.00**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify _____

State Taxes**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

Debtor 1 **Tony Phillip Smith**

Case number (if know)

18-00252

4.1

BANK OF AMERICA

Nonpriority Creditor's Name

PO BOX 982238**El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4568****\$5,076.00**When was the debt incurred? **7/02**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Line of Credit**

4.2

BB&T

Nonpriority Creditor's Name

PO BOX 1847**Wilson, NC 27894**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1765****\$404.42**When was the debt incurred? **1/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Overdraft**

4.3

CHASE

Nonpriority Creditor's Name

PO BOX 15298**Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0393****\$1,575.00**When was the debt incurred? **6/08**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Line of Credit**

Debtor 1 **Tony Phillip Smith**

Case number (if know)

18-00252

4.4

GEORGE DAVID NAUGHTON

Nonpriority Creditor's Name

**109 SOUTHAMPTON COURT
Blacksburg, VA 24060**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9928****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.5

LOWES

Nonpriority Creditor's Name

**PO BOX 530970
Atlanta, GA 30353**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6835****\$995.00**When was the debt incurred? **1/01**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.6

PATHFINDER ATV LLC

Nonpriority Creditor's Name

**109 SOUTHAMPTON COURT
Blacksburg, VA 24060**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9928****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Tony Phillip Smith**

Case number (if know)

18-00252

4.7

PNC BANK

Nonpriority Creditor's Name

PO BOX 856177**Louisville, KY 40285**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8541****\$833.00**When was the debt incurred? **6/08**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Line of Credit**

4.8

VERIZON

Nonpriority Creditor's Name

PO BOX 26055**Minneapolis, MN 55426**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0001****\$84.00**When was the debt incurred? **10/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services**

4.9

WINDSTREAM

Nonpriority Creditor's Name

PO BOX 9001908**Louisville, KY 40290**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8062****\$100.00**When was the debt incurred? **1/02**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

ATTORNEY GENERAL OF UNITED STATES

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Tony Phillip Smith**

Case number (if know)

18-00252**950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>8,564.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>8,564.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>9,067.42</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>9,067.42</u>

Fill in this information to identify your case:

Debtor 1	Tony Phillip Smith		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-00252		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	
Name	
Number Street	
City State ZIP Code	
2.2	
Name	
Number Street	
City State ZIP Code	
2.3	
Name	
Number Street	
City State ZIP Code	
2.4	
Name	
Number Street	
City State ZIP Code	
2.5	
Name	
Number Street	
City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Tony Phillip Smith		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-00252		

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____
Number Street City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____
Number Street City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Tony Phillip Smith

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 18-00252
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>BROKER</u>	
	Employer's name	<u>TS REAL ESTATE SERVICES</u>	
	Employer's address	<u>630 SMITH POND ROAD</u> <u>Lexington, SC 29072</u>	
	How long employed there?	<u>15 YEARS</u>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Tony Phillip Smith**

Case number (if known) **18-00252**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 2,237.33	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,237.33	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,237.33 + \$ N/A	= \$ 2,237.33
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 2,237.33 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR. INCOME AND THE B122 REFLECTS INCOME RECEIVED FROM JULY 2017 TO DECEMBER 2017 AS THIS IS A GOOD INDICATOR OF BUSINESS INCOME.		

Moss & Associates

Attorneys, P.A.

Charleston ♦ Columbia ♦ Greenville

816 Elmwood Avenue

Columbia, South Carolina 29201

Telephone (803) 933-0202

Facsimile (803) 933-9941

Business Questionnaire

Name: TONY SMITH

Home Number: 803-413-8459

Work Number: SAME

Other Number: ---

Date: 12/28/2017

Business Address

630 SMITH POND ROAD

LEXINGTON SC 29072

1. Are you presently self-employed? Yes ☒ No ☐
2. What business are you in? REAL ESTATE & CONSTRUCTION
3. What is the name of your business? TS REAL ESTATE SERVICES
4. When was your business formed? 2 / 20 / 2003
5. Is your business incorporated? Yes ☐ No ☒ If Yes, what type...i.e. S-Corp ---
6. Do you have any employees? Yes ☐ No ☒
7. Does your business have any W-2 employees? Yes ☐ No ☒
State their names and relationship to yourself, if any:

Name <u>---</u>	Relationship <u>---</u>
Name <u>---</u>	Relationship <u>---</u>
Name <u>---</u>	Relationship <u>---</u>
Name <u>---</u>	Relationship <u>---</u>
Name <u>---</u>	Relationship <u>---</u>
Name <u>---</u>	Relationship <u>---</u>
8. Are you current in your payroll taxes? Yes ☐ No ☐ (If no, please list the taxes owed and the amounts)

NA

10. Do you have any inventory? Yes _____ No ☒ ** If yes, please list the year, make, model and estimated liquidation value (the value of what an item would cost if it were lost, destroyed, or one of the equivalent value were to take its place) of all of your tools, equipment, vehicles, and machinery. Also list the date purchased, the purchase price, and the name and address of any lien holder as well as the amount of the lien:

** If you have further inventory to list, please provide additional sheets as attachments.

11. Does your business owe any federal or state taxes? Yes ☐ No ☐ If Yes, give the following: SOLE PROPRIETOR

Federal \$ _____ Years _____
State \$ _____ Years _____

12. Who has possession of the books and records of the business?

Name: MYSELF
Address: _____

13. What is the name and address of your tax preparer?

Name: MYSELF
Address: _____

14. Do you have a current business license? Yes ☒ No ☐ (Please provide a copy)

15. Do you have business liability insurance? Yes ☐ No ☒

If Yes, please provide a Policy Declaration page; if No, please be advised that you are required to obtain adequate insurance to protect the estate from any liability.

16. Do you anticipate incurring post-petition trade credit or other business debt?

(After the filing of your bankruptcy, do you believe that you will incur any additional credits or debts?) Yes ☐ No ☒

* If you answered No to question #16, please provide the following:

- a. 2011 and 2012 state and federal tax returns, including all supporting statements
- b. Monthly profit and loss statements on the form provided for the two previous (2) calendar months
- c. A statement of projected income expenses for the business on the form provided.

* If you answered Yes to question #16, please provide the following:

- a. 2011 and 2012 state and federal tax returns, including all supporting statements
- b. Monthly profit and loss statements on the form provided for the two previous (2) calendar months
- c. A statement of projected income expenses for the business on the form provided
- d. Copies of all financial statements furnished to a third party within the last two (2) years preceding the filing of the petition, including, but not limited to the balance sheet, income statement, and cash flow statement.

****If you answer yes to Question #16, please also be advised that during the pendency of your Bankruptcy case, you must also file profit and loss statements on a monthly basis with the Clerk of the Bankruptcy Court and send copies to the office of the United States Trustee whom assigned to your case**

IMPORTANT NOTICE

Please be advised that the following actions may not be taken by any self-employed debtor without a specific court authorization including but not limited to: use of cash collateral, post-petition employment of an attorney, accountant, or any other professional, payment of pre-petition wages or salary- with the exception that you may pay wages not exceeding \$4,300 per person owing for the pay period just prior to your bankruptcy; payment of any other unsecured pre-petition debt, borrowing money or incurring deb, or selling of property other than in the ordinary course of business.

Furthermore, it is also imperative that you understand that it is your responsibility to maintain adequate records regarding the business and to maintain insurance required by state law, federal law, or the term of any agreement with a third party. The trustee **will not** be responsible for, nor will he obtain, any such insurance. Thank you for your cooperation in this matter.

PROFIT & LOSS STATEMENT

Month JANUARY Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>880</u>
2. Cost of Goods Sold:	\$	
2a) Purchases	\$	
2b) Cost of Labor	\$	
(do not include employee salaries)		
2c) Materials & Supplies	\$	\$
3. Gross Profit (subtract line 2 from line 1)		\$
4. Other Income		\$
5. Gross Income (add lines 3&4)		\$ <u>880</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$	
7. Salaries and Wages of Employees.....	\$	
8. Employee Benefits.....	\$	
9. Equipment Lease Payments.....	\$	
10. Secured Debt Payments.....	\$	
11. Supplies (not included in 2(c)).....	\$	
12. Utilities.....	\$	<u>45</u>
13. Telephone.....	\$	<u>158</u>
14. Repairs & Maintenance.....	\$	
15. Miscellaneous Office Expense.....	\$	<u>18</u>
16. Advertising.....	\$	
17. Travel & Entertainment.....	\$	
18. Professional Fees.....	\$	
Name _____ Purpose _____	\$	
19. Insurance:		
19 a) Liability	\$	
19 b) Property	\$	
19 c) Vehicle	\$	
19 d) Worker's Compensation	\$	
19 e) Other _____	\$	\$
20. Taxes:		
20 a) Payroll	\$	
20 b) Sales	\$	
20 c) Other	\$	\$
21. Total Expenses (add lines 6-20)	\$	<u>221</u>

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 659

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/17

Debtors: TS

PROFIT & LOSS STATEMENT

Month FEB Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>2,460</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>2,460</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ <u>300</u>	
12. Utilities.....	\$ <u>45</u>	
13. Telephone.....	\$ <u>160</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ _____	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ _____	
Name _____ Purpose _____	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____
21. Total Expenses (add lines 6-20)		\$ <u>505</u>

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 1,955

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: [Signature]

PROFIT & LOSS STATEMENT

Month MARCH Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>1050</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>1050</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ <u>155</u>	
12. Utilities.....	\$ <u>45</u>	
13. Telephone.....	\$ <u>193</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ <u>41</u>	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ _____	
Name _____ Purpose _____	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____
21. Total Expenses (add lines 6-20)		\$ <u>434</u>

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 616

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: Tom

PROFIT & LOSS STATEMENT

Month APRIL Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>1,150</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>1,150</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ _____	
12. Utilities.....	\$ <u>45</u>	
13. Telephone.....	\$ <u>179</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ <u>25</u>	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ <u>325</u>	
Name <u>MLS SYSTEM</u> Purpose <u>REAL ESTATE MARKETING</u>	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____
21. Total Expenses (add lines 6-20)	\$ <u>574</u>	

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 576

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/20/2017

Debtors: Forn

PROFIT & LOSS STATEMENT

Month MAY Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>6321</u>
2. Cost of Goods Sold:	\$	
2a) Purchases	\$	
2b) Cost of Labor	\$	
(do not include employee salaries)		
2c) Materials & Supplies	\$	\$
3. Gross Profit (subtract line 2 from line 1)		\$
4. Other Income		\$
5. Gross Income (add lines 3 & 4)		\$ <u>6,321</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$	
7. Salaries and Wages of Employees.....	\$	
8. Employee Benefits.....	\$	
9. Equipment Lease Payments.....	\$	
10. Secured Debt Payments.....	\$	
11. Supplies (not included in 2(c)).....	\$	<u>338</u>
12. Utilities.....	\$	<u>45</u>
13. Telephone.....	\$	<u>180</u>
14. Repairs & Maintenance.....	\$	
15. Miscellaneous Office Expense.....	\$	<u>12</u>
16. Advertising.....	\$	
17. Travel & Entertainment.....	\$	
18. Professional Fees.....	\$	
Name _____ Purpose _____	\$	
19. Insurance:		
19 a) Liability	\$	
19 b) Property	\$	
19 c) Vehicle	\$	
19 d) Worker's Compensation	\$	
19 e) Other _____	\$	\$
20. Taxes:		
20 a) Payroll	\$	
20 b) Sales	\$	
20 c) Other	\$	\$
21. Total Expenses (add lines 6-20)		\$ <u>575</u>

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 5,746

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: [Signature]

PROFIT & LOSS STATEMENT

Month JUNE Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

- | | | |
|---|----------|-----------------|
| 1. Gross Receipts or Sales..... | | \$ <u>2,685</u> |
| 2. Cost of Goods Sold: | \$ _____ | |
| 2a) Purchases | \$ _____ | |
| 2b) Cost of Labor | \$ _____ | |
| (do not include employee salaries) | | |
| 2c) Materials & Supplies | \$ _____ | \$ _____ |
| 3. Gross Profit (subtract line 2 from line 1) | | \$ _____ |
| 4. Other Income | | \$ _____ |
| 5. Gross Income (add lines 3&4) | | \$ <u>2,685</u> |

EXPENSES (do not list chapter 13 plan payment)

- | | | |
|--|----------------|----------|
| 6. Business Property Rent/Lease..... | \$ _____ | |
| 7. Salaries and Wages of Employees..... | \$ _____ | |
| 8. Employee Benefits..... | \$ _____ | |
| 9. Equipment Lease Payments..... | \$ _____ | |
| 10. Secured Debt Payments..... | \$ _____ | |
| 11. Supplies (not included in 2(c))..... | \$ <u>1279</u> | |
| 12. Utilities..... | \$ <u>45</u> | |
| 13. Telephone..... | \$ <u>180</u> | |
| 14. Repairs & Maintenance..... | \$ _____ | |
| 15. Miscellaneous Office Expense..... | \$ <u>166</u> | |
| 16. Advertising..... | \$ <u>57</u> | |
| 17. Travel & Entertainment..... | \$ _____ | |
| 18. Professional Fees..... | \$ _____ | |
| Name _____ Purpose _____ | \$ _____ | |
| 19. Insurance: | | |
| 19 a) Liability | \$ _____ | |
| 19 b) Property | \$ _____ | |
| 19 c) Vehicle | \$ _____ | |
| 19 d) Worker's Compensation | \$ _____ | |
| 19 e) Other _____ | \$ _____ | \$ _____ |
| 20. Taxes: | | |
| 20 a) Payroll | \$ _____ | |
| 20 b) Sales | \$ _____ | |
| 20 c) Other | \$ _____ | \$ _____ |

21. Total Expenses (add lines 6-20) \$ 1,727

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ ~~1,000~~ 958

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: T. Sauer

PROFIT & LOSS STATEMENT

Month JULY Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>5,150</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>5,150</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ _____	
12. Utilities.....	\$ <u>45</u>	
13. Telephone.....	\$ <u>180</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ <u>36</u>	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ <u>325</u>	
Name <u>MLS SYSTEM</u> Purpose <u>REAL ESTATE MARKETING</u>	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____

21. Total Expenses (add lines 6-20) \$ 586

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 4,564

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/20/2017

Debtors: ISur

PROFIT & LOSS STATEMENT

Month AUG Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>577</u>
2. Cost of Goods Sold:		
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>577</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....		\$ _____
7. Salaries and Wages of Employees.....		\$ _____
8. Employee Benefits.....		\$ _____
9. Equipment Lease Payments.....		\$ _____
10. Secured Debt Payments.....		\$ _____
11. Supplies (not included in 2(c)).....		\$ <u>544</u>
12. Utilities.....		\$ <u>53</u>
13. Telephone.....		\$ <u>179</u>
14. Repairs & Maintenance.....		\$ _____
15. Miscellaneous Office Expense.....		\$ <u>32</u>
16. Advertising.....		\$ _____
17. Travel & Entertainment.....		\$ _____
18. Professional Fees.....		\$ _____
Name _____ Purpose _____		\$ _____
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____

21. Total Expenses (add lines 6-20) \$ 808

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ (231)

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: Tenn

PROFIT & LOSS STATEMENT

Month SEPT Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>3,250</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income(add lines 3&4)		\$ <u>3,250</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ <u>64</u>	
12. Utilities.....	\$ <u>53</u>	
13. Telephone.....	\$ <u>179</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ _____	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ _____	
Name _____ Purpose _____	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____
21. Total Expenses (add lines 6-20)		\$ <u>296</u>

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 2,954

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: Isma

PROFIT & LOSS STATEMENT

Month OCT Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 0
2. Cost of Goods Sold: \$ _____
2a) Purchases \$ _____
2b) Cost of Labor \$ _____
(do not include employee salaries)
2c) Materials & Supplies \$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1) \$ _____
4. Other Income \$ _____
5. Gross Income (add lines 3&4) \$ 0

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....\$ _____
7. Salaries and Wages of Employees.....\$ _____
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ _____
11. Supplies (not included in 2(c)).....\$ 288
12. Utilities.....\$ 53
13. Telephone.....\$ _____
14. Repairs & Maintenance.....\$ _____
15. Miscellaneous Office Expense.....\$ 36
16. Advertising.....\$ _____
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ 329
Name MLS SYSTEM Purpose REAL ESTATE MARKETING
19. Insurance: \$ _____
19 a) Liability \$ _____
19 b) Property \$ _____
19 c) Vehicle \$ _____
19 d) Worker's Compensation \$ _____
19 e) Other \$ _____
20. Taxes: \$ _____
20 a) Payroll \$ _____
20 b) Sales \$ _____
20 c) Other \$ _____

21. Total Expenses (add lines 6-20) \$ 706

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ (706)

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/26/2017

Debtors: 18m

PROFIT & LOSS STATEMENT

Month NOV Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 6282
2. Cost of Goods Sold: \$ _____
2a) Purchases \$ _____
2b) Cost of Labor \$ _____
(do not include employee salaries)
2c) Materials & Supplies \$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1)\$ _____
4. Other Income\$ _____
5. Gross Income(add lines 3&4)\$ _____

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....\$ _____
7. Salaries and Wages of Employees.....\$ _____
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ _____
11. Supplies (not included in 2(c)).....\$ 395
12. Utilities.....\$ 54
13. Telephone.....\$ 249
14. Repairs & Maintenance.....\$ _____
15. Miscellaneous Office Expense.....\$ 25
16. Advertising.....\$ _____
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ _____
Name _____ Purpose _____ \$ _____
19. Insurance:
19 a) Liability \$ _____
19 b) Property \$ _____
19 c) Vehicle \$ _____
19 d) Worker's Compensation \$ _____
19 e) Other _____ \$ _____
20. Taxes:
20 a) Payroll \$ _____
20 b) Sales \$ _____
20 c) Other \$ _____
21. Total Expenses (add lines 6-20) \$ 723

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 5,559

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: Emm

PROFIT & LOSS STATEMENT

Month DEC Year 2017

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....		\$ <u>3100</u>
2. Cost of Goods Sold:	\$ _____	
2a) Purchases	\$ _____	
2b) Cost of Labor	\$ _____	
(do not include employee salaries)		
2c) Materials & Supplies	\$ _____	\$ _____
3. Gross Profit (subtract line 2 from line 1)		\$ _____
4. Other Income		\$ _____
5. Gross Income (add lines 3&4)		\$ <u>3100</u>

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....	\$ _____	
7. Salaries and Wages of Employees.....	\$ _____	
8. Employee Benefits.....	\$ _____	
9. Equipment Lease Payments.....	\$ _____	
10. Secured Debt Payments.....	\$ _____	
11. Supplies (not included in 2(c)).....	\$ <u>100</u>	
12. Utilities.....	\$ _____	
13. Telephone.....	\$ <u>217</u>	
14. Repairs & Maintenance.....	\$ _____	
15. Miscellaneous Office Expense.....	\$ _____	
16. Advertising.....	\$ _____	
17. Travel & Entertainment.....	\$ _____	
18. Professional Fees.....	\$ <u>1499</u>	
Name <u>MOSS & ASSOCIATES</u> Purpose <u>CHAPTER 13 FILING</u>	\$ _____	
19. Insurance:		
19 a) Liability	\$ _____	
19 b) Property	\$ _____	
19 c) Vehicle	\$ _____	
19 d) Worker's Compensation	\$ _____	
19 e) Other _____	\$ _____	\$ _____
20. Taxes:		
20 a) Payroll	\$ _____	
20 b) Sales	\$ _____	
20 c) Other	\$ _____	\$ _____

21. Total Expenses (add lines 6-20) \$ 1816

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 1284

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 12/28/2017

Debtors: [Signature]

PROJECTED BUSINESS INCOME AND EXPENSES
FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE
INFORMATION DIRECTLY RELATED TO THE BUSINESS OPERATION)

Part A: ESTIMATED AVERAGE FUTURE GROSS
1. Gross Monthly Income: \$ ~~5000~~ 5000

Part B: ESTIMATED FUTURE MONTHLY EXPENSES

2. Net Employee Payroll (other than debtor)	\$	
3. Payroll Taxes	\$	
4. Unemployment Taxes	\$	
5. Worker's Compensation	\$	
6. Other Taxes	\$	
7. Inventory Purchases (including raw materials)	\$	500
8. Purchase of Feed/Fertilizer/Seed/Spray	\$	
9. Rent (Other than debtor's principal residence)	\$	
10. Utilities	\$	300
II. Office Expenses and Supplies	\$	25
12. Repairs and Maintenance	\$	50
13. Vehicle Expenses	\$	600
14. Travel and Entertainment	\$	
15. Equipment Rental and Leases	\$	
16. Legal/Accounting/Other Professional Fees	\$	
17. Insurance	\$	
18. Employee Benefits (ex: pension, medical, etc)	\$	
19. Payment to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debtors (Specify):	\$	
20. Other (Specify):	\$	
TOTAL MONTHLY EXPENSES (Add items 2-20)	\$	1475

Part C: ESTIMATED AVERAGE NET MONTHLY INCOME:

Average Net Monthly Income
(Subtract item 21 from item I) \$ 3525

T. Smith
Signature

12/28/2017
Date

Fill in this information to identify your case:

Debtor 1 Tony Phillip Smith

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 18-00252
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 25.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 25.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Tony Phillip Smith**

Case number (if known) **18-00252**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	150.00
6b. Water, sewer, garbage collection	6b. \$	59.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	150.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	150.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	75.00
10. Personal care products and services	10. \$	75.00
11. Medical and dental expenses	11. \$	50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	150.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	25.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	100.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES		
	16. \$	5.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	0.00
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.		\$ 1,064.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$
22c. Add line 22a and 22b. The result is your monthly expenses.		\$ 1,064.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	2,237.33
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,064.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,173.33
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: DEBTOR IS PRESENTLY WORKING ON A LOAN MODIFICATION.		

Fill in this information to identify your case:

Debtor 1 **Tony Phillip Smith**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **18-00252**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Tony Phillip Smith
Tony Phillip Smith
Signature of Debtor 1

Date February 20, 2018

X _____
Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 **Tony Phillip Smith**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **18-00252**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

\$5,000.00

☒ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☐ Wages, commissions, bonuses, tips

☐ Operating a business

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$32,905.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2016)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$74,737.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
SETERUS V TONY PHILLIP SMITH 2017CP3203913	FORECLOSURE	LEXINGTON COUNTY MASTER IN EQUITY 139 MAIN STREET Lexington, SC 29072	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
BB&T V TONY PHILLIP SMITH 2014CP3200358	CIVIL	LEXINGTON COUNTY CLERK OF COURT 205 EAST MAIN STREET ATTN: BETH CARRIGG Lexington, SC 29072	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded JUDGMENT
BB&T V TONY PHILLIP SMITH 2013CP3201542	CIVIL	LEXINGTON COUNTY CLERK OF COURT 205 EAST MAIN STREET ATTN: BETH CARRIGG Lexington, SC 29072	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded JUDGMENT

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

Debtor 1 **Tony Phillip Smith**Case number (if known) **18-00252**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$1,189.00 FILING FEE: \$310.00	JANUARY 2018	\$1,499.00

Debtor 1 Tony Phillip Smith

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	FEBRUARY 2018	\$9.76

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
TOME BECKER UNKNOWN NONE	2014 ZERO SR 11.4 MOTORCYCLE, VALUE (\$6,500)	DEBTOR RECEIVED (\$6,500) FOR SALE OF MOTORCYCLE, WHICH WAS USED FOR HOUSEHOLD EXPENSES AND OTHER BILLS, NAMELY BACK PAYMENTS TO SETERUS	MAY 2017

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 Tony Phillip Smith

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution

Address (Number, Street, City, State and ZIP Code)

Who else had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☐ Yes. Fill in the details.

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☐ Yes. Fill in the details.

Owner's Name

Address (Number, Street, City, State and ZIP Code)

Where is the property?

(Number, Street, City, State and ZIP Code)

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

☐ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

Debtor 1 **Tony Phillip Smith**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	--	--------------------	-----------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

- ☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: 9928 From-To FEBRUARY 2002 TO PRESENT
TS REAL ESTATE SERVICES 630 SMITH POND ROAD Lexington, SC 29072	BUSINESS IS A SOLE PROPRIETORSHIP OPERATING AS A REAL ESTATE BROKER. BUSINESS WAS STARTED IN FEBRUARY 2003 AND STILL IN OPERATIONS. BUSINESS DOES NOT HAVE ANY OTHER EMPLOYEES OR ACCOUNTS RECEIVABLE. THE BUSINESS DOES NOT HAVE INVENTORY BUT DOES HAVE TOOLS OF THE TRADE AS LISTED IN SCHEDULE A/B.	
PATHFINDER ATV LLC 109 SOUTHAMPTON COURT Blacksburg, VA 24060	BUSINESS IS A LIMITED LIABILITY COMPANY OPERATING AS AN ELECTRIC ATV BUSINESS. BUSINESS WAS STARTED IN JUNE 2012 AND STILL OPEN BUT NOT IN OPERATION. BUSINESS IS LISTED WITH VIRGINIA SECRETARY OF STATES OFFICE. DEBTOR HAS A BUSINESS AGREEMENT WITH GEORGE DAVID NAUGHTON, WHO IS THE REGISTERED AGENT FOR THIS BUSINESS.	EIN: 9928 From-To JUNE 2012 TO PRESENT

Debtor 1 Tony Phillip SmithCase number (if known) 18-00252

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Date Issued

Address

(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Tony Phillip Smith

Tony Phillip Smith

Signature of Debtor 1

Signature of Debtor 2

Date February 20, 2018

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).